

The Prevention Marketing Initiative:

coalitions & public health

Office of Minority Health
Resource Center
PO Box 37337
Washington, DC 20013-7337

**it's
YOUR
move
prevent
AIDS**

MH96DD2653



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

Table of Contents

Introduction	2
---------------------------	----------

Types of Coalitions

Mandated Coalitions	5
Coalitions Initiated by Service Providers	5
Coalitions Initiated by Community Activists	6

Key Steps in Creating and Maintaining Public Health Coalitions

Surveying the Scene	7
Organizing the Coalition	8
Determining the Jurisdictional Level	9
Choosing the Leadership	9
Deciding on Membership	10
Determining Resources	12
Coping With Changes Over Time	13

Merging Different Cultures: Cautionary Notes	15
---	-----------

Theoretical Foundations for Understanding Coalitions

Political Theory	17
Interorganizational Relations	18
Community Power Structure Theories	20
Community Organizations/Community Development Theories	20
Small Group Dynamics Theory	21

Selected References	23
----------------------------------	-----------

Introduction

Current public health problems often require creative solutions that recognize the many distinct cultures that exist in our nation and the significant changes occurring in community norms. Faced with these realities, public health officials are increasingly aware that they cannot “go it alone.” Coalitions appear to be natural vehicles for the advancement of public health objectives because they bring together those with relevant mandates, credibility and clout, needed expertise and resources, and a large stake in the resolution of the problem.

Coalitions can play a pivotal role by performing a variety of different functions through varied organizational structures and operating principles. They can:

- provide a forum for information exchange and networking;
- provide a setting for interagency program planning, coordination, and resource allocation;
- implement joint service programs;
- develop policies and procedures to improve the integration of services;
- offer essential support and encouragement to public health professionals working on particularly tough problems;
- make visible and public the commitment of key institutions to priority issues and concerns;

- mobilize community support for a specific goal; and
- promote specific changes in public or private policy.

The organizational structures and operating principles of coalitions can be as varied as the purposes they serve. Coalitions can be ad hoc, time-limited groups, or quite formal structures with complex long-term objectives. They can be national, regional, or local in scope; they can also operate at all of these levels simultaneously. Coalitions can include numerous groups and individuals meeting regularly as a whole and in several committees or be limited to a few small groups meeting occasionally in a church basement. In addition, coalitions develop and change over time, becoming larger and smaller, more and less formal and structured, and/or more narrowly focused or more ambitious in scope.

The potential benefits of coalitions are compelling, but using them is not without cost. Coalitions are neither quick nor easy. They take time to develop, and some do not get off the ground at all. They also demand resources, both direct and indirect. Effective coalitions take on a life of their own that is frequently resistant to outside control or influence. All of these important caveats should be carefully considered by public health managers as they seek to define precisely the objectives, members, structure, and strategy of a particular coalition effort. Understanding how coalitions are constructed, how they work, and how they can or cannot be used are crucial steps in learning how to use them effectively.

This document provides a framework for understanding the multiplicity of issues surrounding coalitions, defined here broadly as *a vehicle for structured and purposeful interaction between and among a limited set of organizations, groups, and individuals*. The term is not precise. In the field it is often used interchangeably with such terms as *consortium, partnership, federation, network*, and so on. The paper defines the various types of coalitions that exist today,

and then discusses some of the structural issues, including leadership, membership, degree of organizational formality, and resource allocation, that can have an impact on whether or not coalitions are effective in achieving specific public health objectives. The paper also discusses the developmental paths of coalitions and addresses issues of merging different cultures — corporate, professional, social, and racial — into a new entity called a coalition.

For readers interested in the extensive background on coalitions in the social sciences, the paper presents a summary of the knowledge gained from these disciplines. Selected references drawn from the various disciplines discussed throughout the paper are presented at the end of the document.

Types of Coalitions

Mandated Coalitions

Very often a coalition is mandated by an agency with programmatic jurisdiction and resource control, often as a condition for receiving funding. Currently, a number of successful coalitions have been mandated as part of public health programs. These include tobacco control (the COMMIT and ASSIST projects); cancer control (the National Black Leadership Initiative on Cancer); substance abuse control (Center for Substance Abuse Prevention's community partnership grants); promotion of maternal and infant health (Healthy Mothers/Healthy Babies and Healthy Start); and HIV/AIDS prevention (the Ryan White CARE Act-mandated coalitions).

Mandates for coalitions may have both positive and negative consequences. On the one hand, mandates ensure that something called a coalition will get off the ground. And, mandates are often accompanied by resources to support coalition operations. On the other hand, participants in a mandated coalition have not initiated the process themselves and may well be less committed to coalition development and maintenance in the long term. The development of a sense of ownership in a mandated coalition is far from guaranteed. Often, there is a persistent sense that the coalition is really owned by the agency that mandated it rather than by the state or community or set of organizations involved.

The extent and nature of mandates also vary. Sometimes the mandate is simply for a coalition to be designated; at other times the leader or sponsor as well as the appropriate members of the coalition are specified. The more specific the mandate, the greater the danger that communities will feel they have lost a degree of freedom, and that the particular mandate will fail to fit local circumstances.

Coalitions Initiated by Service Providers

Providers of service, whether public- or private-sector, often initiate coalitions, especially to address the need for joint planning, development, or implementation of services. In some of these coalitions, only providers are represented; others include representatives of either consumers or payers. Some coalitions are initiated

by government agencies; others are developed by community-based organizations. To the extent that the initiator wants to involve others, that organization will have to deal with the question of “who started this and why?” If a local public health agency initiates a coalition and invites several community-based service providers to participate, the latter may or may not be receptive and willing, depending on the extent and history of previous interactions. Alternately, if a small group of agencies with differing sizes, sponsorships, and scopes of services jointly initiates a coalition, this may project a very different message. Yet another image is projected when providers, consumers, and payers are all involved in issuing the call for a coalition.

Coalitions Initiated by Community Activists

Many coalitions directed at achieving public health goals are initiated not by formal agencies, but by grassroots activists. When these coalitions exist in a community, public health officials need to think carefully about how they wish to relate to them. In some cases, local or state health departments may even be the targets of such coalitions: the coalition is attempting to change the public health agency’s policies, procedures, or funding. In many cases, however, it is in the interest of public health agencies to pursue opportunities for collaboration and mutual support with activist coalitions.

Key Steps in Creating and Maintaining Public Health Coalitions

There is no one correct way of structuring and maintaining a coalition. Ideally, form should follow function — that is, the organizational structure should assist the coalition to achieve its particular mission. This structure depends in large measure on several key steps that should be considered in creating new coalitions or in evaluating existing ones.

Surveying the Scene

Before beginning a new coalition, it is important to determine whether a coalition already exists that is dealing with the problem. There can be serious negative consequences if a new coalition is viewed as attempting to pre-empt, replace, or duplicate an existing coalition. Given the energy and time it takes to create and maintain a coalition, new efforts need to take pre-existing interactions into consideration. Another element to consider is the difficulty of mandating the development of coalitions across a wide range of jurisdictions if coalitions already exist in some jurisdictions but not in others.

Public health managers have several options to consider when they discover a pre-existing coalition. They can:

- Support that coalition instead of forming a new one;
- Use the existing coalition as a foundation for building a stronger, more comprehensive, or in some cases a more focused effort;

- Create a “specialist” coalition under the umbrella of a larger pre-existing coalition; or
- Go ahead with a brand new coalition, if the existing effort has become ineffectual or destructive.

Organizing the Coalition

Certain important decisions must be made regarding the initial structure of coalitions. As the coalition matures, changes in the structure are likely to occur and other decisions will be necessary.

Here are some of the structural issues faced by coalitions:

- Does the coalition need a formal sponsoring organization? Which should it be?
- Should it become incorporated?
- Should it have any officers? Should they be elected or appointed?
- Should the coalition have formal by-laws? What should they cover?
- Should it have formal eligibility criteria for membership?
- Should it have regularly scheduled meetings (e.g., the fourth Tuesday of each month)?
- Should formal minutes be taken? Should other records be kept of coalition plans and actions?
- Should the coalition formalize its linkages with other organizations (e.g., related coalitions) through such mechanisms as shared memberships or memoranda of understanding?
- Should there be any standing committees? Are any ad hoc task forces needed?
- Does the coalition need a formal set of ground rules to govern its meeting process (e.g., *Robert's Rules of Order*)?

Determining the Jurisdictional Level

Coalitions can be formed at the national, state, regional, or community levels. In some circumstances, coalitions bridge multiple jurisdictional levels. For example, a state coalition may coexist with a number of regional -or community -level coalitions. The appropriate jurisdictional level for a coalition effort depends on its purpose, and more specifically, the level at which intervention is required to achieve specific objectives. Multilevel coalitions are appropriate when interventions are required at more than one level.

Policy-oriented coalitions can be relevant on several jurisdictional levels, depending on which level of government or private policy-making organization has responsibility for the target policies. An attempt to eliminate discrimination in health insurance access for AIDS patients, for example, might require action at the level of state government. Advocacy for more rapid evaluation of new medications to improve treatment of persons with AIDS is more likely to require coalition activism at the national level. A local coalition may be more appropriate in advocating the distribution of condoms or in supporting efforts for accurate media coverage of the AIDS epidemic.

Coalitions that work on services integration are often found at the point of service, typically the regional or community level. Thus, an effort to integrate services for the homeless is likely to be organized at the city, county, or in some contexts, the multicounty level. In many cases, however, the local entities involved in such coalitions will conclude that some of their efforts are constrained by the decisions and policies of agencies at the state or federal level. Focused interaction at these higher levels is often required to break through these barriers.

All too often, federal or state governments mandate local or regional coalitions but fail to develop parallel mechanisms at their own level. This can lead to local resentment and resistance. Where multiple levels of coalitions exist, the relationships among the levels need to be carefully articulated. Are the levels independent and distinct? Is there representation of local coalitions on state or federal coalitions? Are the membership structures parallel? Do resources flow from one level to another?

Choosing the Leadership

Whether or not there are formal officers, one or more individuals or organizations need to exercise leadership to build and maintain coalitions. In some cases, formal officers are also significant coalition leaders. In other cases, staff members are the key animators of a coalition. Perhaps in keeping with the image of joint action, coalitions often try explicitly to develop shared or collective leadership. Co-chairs are not uncommon; neither are rotating officer roles for individuals.

Many believe that having a facilitator is a more appropriate leadership style for

coalitions than is command and control. The function of a coalition leader is not to make independent decisions, but rather to facilitate group decision-making. Leadership roles include motivating participation, structuring group interactions, negotiating among people and organizations with diverse agendas, and maintaining and communicating enthusiasm through good times and bad. These roles all require a difficult balance between taking initiatives and staying responsive to others.

One pitfall of coalition leadership is visibility. If one coalition member is especially effective as a spokesperson, he or she may begin to be perceived as getting the lime-light or credit for collective efforts. Since coalitions are supposed to be effective because many contribute, the perceived celebrity of one member may be resented by other members.

Deciding on Membership

The life blood, in a sense the identity, of any coalition is its members. The recruitment and retention of members is one of the biggest challenges facing coalitions, and the criteria for membership, whether explicit or implicit, communicate a great deal about coalitions. The key factor in deciding on membership is whether a particular organization, or in some cases an individual, can bring specific, relevant resources to the table. Resources should be defined broadly to include:

- Funds
- Services or service capacity
- Facilities or materials
- Clients
- Authority or influence over resource allocation decisions
- Technical expertise and skills
- Skills/experience in coalition development and maintenance, leadership and communications skills
- Information
- Access to other needed resources
- Legitimacy with particular subgroups

■ Legitimacy with key community decision-makers

At times, individuals or organizations are invited to participate in a coalition because they might otherwise interfere with the achievement of the coalition's objectives. In these cases, membership is actually designed to neutralize this negative potential.

Despite the fact that organizations are generally the members of a coalition, it is individuals representing those organizations who attend the meetings and carry out the work. This fact leads to several important considerations:

- **What level of the organizational hierarchy or community power structure do representatives come from?** Higher-level representation is a symbolic indication that the coalition is a high priority for its members. Senior executives can also make more decisions or commitments independently. However, there are times when a staff person is needed, either because they have the critical information, relevant skills, or the time needed to undertake specific task assignments.
- **Is there continuity of representation?** In some cases, an organization will send a different person to represent it at coalition meetings, depending not upon whether they have the skills and information required, but whether they are available at the time of the meeting. Revolving representation is generally not as desirable as stable representation. Coalitions grow as the individuals who participate get to know and trust each other.
- **Do those who participate serve as a communications channel between the coalition and colleagues in their home organization or group? Do they keep key people up to date on what the coalition is doing and what it needs? Do they inform the coalition about what is happening in their home organization?** Sometimes, a coalition becomes a support group for an individual who is relatively isolated within his or her own organization. This support function is a valuable role for coalitions, but it has consequences on the extent to which the coalition can in fact count on that organization to contribute to its efforts.

A final point on membership is that it often changes as the coalition develops. Coalitions may limit their membership initially in order to get things off the ground, then add members over time. New members can be added as the coalition develops because of a recognition that a particular sector or organization is an important player. In addition, some organizations and groups adopt a wait-and-see attitude initially, joining only after the coalition has proved itself. It is also realistic to expect that over time some organizations will leave the coalition. They may decide that the cost of participation in a coalition outweighs the benefits, or they may disagree with the direction or leadership of the group.

Determining Resources

Once a coalition is established, the level and source of staff support and other financial resources need to be established. At a minimum, these include logistical and communications support. Beyond that, a critical decision is whether the coalition should have professional or administrative/clerical staff. The role and accountability of any staff members need to be carefully articulated and clearly understood by participants. Task assignments and the degree of influence that staff hold over coalition decisions are also key issues. Decisions on any additional financial outlays must also be made. For example, planning groups may require resources to collect, purchase, and analyze data. Educational campaigns may require promotional materials and distribution channels.

Resources often come from the agency that mandates a coalition. Another model is for member organizations to contribute resources, including both in-kind support (e.g., staff detailed to the coalition) and/or actual funding. When only one or a small number of members provide such support, care must be taken to avoid the impression that those who hold the purse strings also call the tune. In other cases, all members of a coalition are expected to contribute in some material way to its functioning, either equally or in some proportion to the size and wealth of the organization in question. Finally, some coalitions can be successful in raising additional, external funds over time.

Some coalitions have resources at their disposal which they can either use for their own major initiatives or distribute to other groups or organizations in the community or state. Such resources require the coalition to set very specific priorities; to develop a fiscal and programmatic management structure; and, if necessary, to enter into formal legal relationships with other groups (e.g., through contracts, grants, or other mechanisms).

The presence of a professional staff fundamentally changes the dynamics of coalitions because members' motivation to join the coalition is increased in order to gain access, either direct or indirect, to such human resources. The level of potential conflict among members may then increase because something material and valued is more clearly at stake. Once staff are hired, staff size tends to increase and roles often evolve toward managing, conducting, or monitoring programs and away from building the coalition and enhancing its capacity for joint action.

Decision-makers should be aware of the indirect costs of coalitions, principally the time and attention of members. Coalitions often call upon members to spend this resource as they support the work of the coalition. Such time and attention, however, is limited; members will be unlikely to participate, at least constructively, if coalitions don't provide clear benefits for them.

Ultimately, the most intangible but perhaps most essential resource required by coalitions is faith that joint action will produce results. If participating in a coalition becomes an unpleasant, conflict-ridden, or frustrating experience, and particularly

if it is perceived that the coalition gets nothing done, some or all of that faith can be lost and become unavailable for similar future initiatives.

Coping With Changes Over Time

As coalitions develop, they go through various stages and are bound to change. The basic developmental stages coalitions pass through may be characterized as *initiation*, when participation in a coalition is determined by a rational evaluation of the costs and benefits of linking with the coalition. If the initiation stage is successful (by no means a foregone conclusion), coalitions move forward to *implementation*, when attention is focused on the distribution of power among coalition participants. Periodically during the process of implementation, coalitions also undergo formal or informal *review*, when members evaluate rewards and losses after deciding who is responsible for both.

Another way to characterize the manner in which coalitions develop over time is contained in the following stages:

Problem-setting, during which issues are specified, and those with a legitimate stake in the issues are identified. During this stage:

- the full range of stakeholders is identified and involved.
- stakeholders agree about the legitimacy of each other's participation.
- stakeholders expect that the benefits of collaboration will outweigh the costs.
- prevailing norms support collaboration, or incentives are available to induce participation.
- stakeholders recognize their interdependence.
- conveyors possess legitimate authority and the ability to “appreciate” the potential for mutual exchange.

Direction-setting, which involves identifying shared vision and values and setting goals. Key factors here include:

- coincidence of values among collaborators.
- joint participation in data collection.
- dispersion rather than centralization of power among the stakeholders.

Structuring, which involves the creation of a formal and ongoing structure for implementation. In this stage members:

- perceive the need for continued interdependence;
- can negotiate about how to take action;
- can negotiate about how to distribute power; and
- monitor and manage changes in their environment.

Geographic proximity is useful at all stages.

It is important to note that, at the outset, it is unlikely that conditions exist that will result in a coalition with a clear purpose to which all participants subscribe fully. Typically, federal officials will have a fairly specific purpose for initiating a coalition. While that purpose may serve as an initial banner, coalitions inevitably spend time and energy rearticulating the nature of the problem(s) they want to address; defining who needs to be involved and why; learning about each other; and assessing whether or not it will pay to be involved. Calling something a coalition does not necessarily make it one. These initial phases of coalition development can rarely, if ever, be avoided. Trying to take shortcuts can actually result in lost time.

In addition, coalitions may not be immediately capable of joint action. Thus, they are not a quick fix to any substantive public health problem. Experience indicates that it can often take one to two years for a coalition to reach the action stage.

This tendency to start slowly can be problematic for those participants who get impatient when it seems that nothing is happening. Skill and leadership is needed to structure activities that are interesting in and of themselves, have short-term benefits for participants, and can be successfully marketed to members. Various methods of information sharing, needs assessment, or problem analysis are particularly effective during the early phases.

Merging Different Cultures: Cautionary Notes

A common barrier faced by all coalitions is how to successfully merge the many different cultures represented by coalition members. The word culture is used broadly here to encompass much more than its usual connotations of race or nationality. Each coalition member, whether acting as an individual or as the representative of an organization, brings to the coalition his or her own unique identification with race, gender, intelligence, education, job, religion, birthplace, relationships, affiliations, and a host of other *cultural* characteristics. Each of these social, racial, sexual, corporate, professional, and organizational cultures has its own set of idiosyncracies that a new coalition must first understand and then integrate in order to be effective.

The four areas of potential culture shock that tend to bog down coalitions are process, language, etiquette and taboos, and rites of passage.

Process. Different cultures think about and act upon projects differently. There are marked differences, for example, between decision-making by government agencies and decision-making by community-based organizations, or between corporations and not-for-profit organizations. Each culture has a customary time frame and methodology for planning and acting, and each culture tends to believe that its system is the right one. Inevitably, too many right systems attempting to operate simultaneously are bound to conflict. In a coalition, however, the only right system is the one that works best and gets things accomplished for the group as a whole. A coalition made up of different cultures must discuss and understand its inherent cultural differences in how they proceed. A top agenda item for the first coalition meeting should be to define each member's approach to time management, systems, and decision-making.

Language. Different cultures talk about themselves and their work in unique ways. They use unique language among themselves. They also respond in ingrained ways to those who talk differently.

The history of coalitions in the United States is full of examples of different cultural languages having to be understood and honored: African-American and white, homosexual and heterosexual, male and female, scientific and lay, sectarian and nonsectarian, rich and poor, public and private. The successful examples are those in which members articulate a common language to understand the mission and carry out the work of the coalition.

Etiquette and Taboos. Cultures merging into coalitions also need to pay attention to differences in cultural etiquette and taboos. Each culture has distinct preferences for certain ways of behaving that need to be identified and understood early and honored throughout the life of the coalition.

Understanding etiquette is particularly important when conflicts arise. Dispute resolution is one of the toughest jobs for coalitions because it tends to bring out the best and worst in the members. Some members are comfortable with raised voices; others panic when voices rise. Some are generous in victory or defeat; others are not. Faced with conflict, most of us consider it appropriate just to be quiet and wait to see how the dust settles.

None of these etiquette behaviors are wrong. By itself, no coalition-based interaction between different cultures can change the preferred etiquette of its individual members. Coalitions face the challenge of not changing, but using and taking advantage of various cultural etiquettes at play. Effective coalitions tend to be those that find ways of validating differences in etiquette.

Like differing etiquettes, taboos are real and they do not go away. The issue is not that these culturally defined prohibitions exist, but rather that there is a need to acknowledge, define, and honor them within the group. Most people interacting in groups understand that their point of view cannot always prevail. What people often say they miss in group interactions, however, is the sense that they have been heard and understood even if their ideas are different from the group consensus.

Rites of Passage. In organizational terms, rites of passage are those moments in the life of a coalition when there is a need to respond to change. Accomplishments are achieved, failures occur, someone resigns, someone dies, or the coalition decides to go out of business — all are events that require recognition.

Like people, cultures and the coalitions they form must honor different needs for rites of passage. Milestones should be defined and recognized: the first six months, the first year; births, birthdays, weddings, deaths; celebrations for completion of tasks, even if the work did not turn out as intended; and mutually agreed ways to honor success and provide support.

Theoretical Foundations for Understanding Coalitions

A number of academic disciplines have developed conceptual frameworks that provide insight into coalitions. In this section we will briefly review several bodies of knowledge and indicate how their insights or methods might contribute to our understanding of public health coalitions.

Political Theory

The concept of a coalition arose initially out of political science. In parliamentary democracies, a coalition government is formed when no single political party or faction has a sufficient mandate, typically as indicated by votes, to represent a majority. In these circumstances, two or more parties then coalesce to form a government. In addition, informal political coalitions exist in almost all kinds of governments, among factions that share policy or legislative objectives either in general or with respect to specific issues. This political framework for coalitions provides several insights that can be generalized beyond the legislative arena:

- Coalitions require a perception of interdependence— each party must believe it needs help to reach its goals.
- There must be sufficient common ground so the parties can agree over time on a set of policies and strategies.
- Nevertheless, coalition members typically have “primary” goals and perspectives that are distinct, if not conflicting; they agree on some issues but disagree on others.

- Coalitions require continuous and often delicate negotiation among participants.
- The distribution of power and benefits among coalition members are a major focus of ongoing concern; members need to believe that, over time, they are receiving benefits that are comparable to the level of contributions they are making.

Interorganizational Relations

Within the study of organizations, studies of organizational environments have become especially prominent. The environments of organizations include a large number of other organizations as well as less formal groups. Beginning around 1960, a new subfield was developed: interorganizational relations (IOR). This field began by taking the perspective of a single organization and examining the interactions it might have with a wide range of other organizations. A number of important assumptions and insights were developed in this context, including:

- Interactions among organizations, whether natural or structured, are based on the exchange of resources. Resources are broadly defined to include not only money, but also supplies, clients, services, information, political support, and prestige.
- Organizations seek to preserve their identity and autonomy. They will act jointly with other organizations only when they are forced to do so or when they believe they will benefit.
- Potential benefits that motivate interaction include:
 - Reduction in the uncertainty faced by the organization; the more complex and rapidly changing the environment, the more likely the organization will seek relationships to reduce uncertainty.
 - The desire to have influence over the decisions and actions of another organization. The balance of influence between organizations is difficult to predict: the organization that tries to co-opt another is almost always co-opted to some degree itself.
 - Improved efficiency or effectiveness in meeting technical goals.
- Several conditions appear to support the formation of relationships among organizations. These include resource scarcity; consensus about values and goals; legal mandates; and the existence of prior relationships among key executives or board members.

Over time, the focus of IOR has expanded to include the study of multimember organizations, federations, associations, consortia, and coalitions. Additional

insights have emerged:

- Some but not all multimember organizations develop a formal management structure, including staff. Research is ongoing and not yet conclusive on a number of key questions relevant to coalitions, including the specific factors that determine whether such a formal structure emerges.
- Where a formal structure exists, the relationship and balance of power between paid staff and member organizations can vary enormously, and will often change over time. Some multimember organizations are clearly staff-dominated; in others, staff stay in the background and decisions are made by the members.
- Many who work with coalitions believe that the role of staff should be to provide technical support and facilitate interaction and decision-making among members, and should not be to control the agenda for the organization. However, such prescriptions, while highly plausible, have not been rigorously demonstrated by research.
- The loose structures of most multimember organizations, including coalitions, are by nature fragile. The freedom both to join and to leave the organization are especially valued by members. Over time, some multimember groups, such as coalitions, will break apart because the participants no longer want or need to work together. Others become so highly structured that the separate organizational members begin to merge.
- Multimember organizations are defined as much by whom they exclude as whom they include. It appears that the more threatening and difficult the environment, the more likely it is that multimember organizations will close ranks, including only those that have the capacity to adapt to changing circumstances, possess excess resources, can build the capacity and resources of others, and have compatible norms and goals. They may exclude more marginal organizations, even though these are in need of support or can represent the perspective of those who are most vulnerable.

The most recent stage in the development of IOR has involved the study of networks of organizations and groups. Organizational network analysis is fairly formal, even mathematical. It involves mapping, for a particular set of organizations, the frequency, direction, and content of interactions. The network map often reveals clusters of organizations and groups that interact with one another frequently.

Typically, the network includes one or more organizations that are particularly important. They interact more often with more groups. Network-central organizations frequently serve as a linkage point between organizations that are not otherwise connected. The map will also reveal which organizations are relatively isolated.

Coalitions are initiated and maintained in the context of unique networks, whether at the national, state, or community level. A good map of the particular network can

influence decisions such as who needs to be involved, who might be in the best position to initiate a network, and who would be most likely to influence other potential members. In some networks, a lot of important relationships already exist; in others, more time may be needed to create the relationships required to get a coalition up and running.

Community Power Structure Theories

Within sociology, there is a tradition of community studies that include empirical studies of community power structure. There are two competing perspectives within this field. One school of thought, called the power elite theory, holds that within any community, certain powerful individuals, groups, and institutions significantly influence, and sometimes control, decision-making across a wide range of issues and sectors. The other school of thought holds that decision-making power is usually issue-specific, rather than vested in a particular cross-cutting elite. Both schools of thought have demonstrated empirically that some individuals, organizations, and institutions in a community have more power than others; that those with power tend to interact; and that key community decisions arise from this interaction.

Coalitions, and those trying to develop them, need to understand the decision-making processes of the communities in which they operate. The methods of community power structure analysis (surveys and interviews of individuals to determine their role and the role of others in specific historical decisions) may well be helpful in this work.

Community Organization/Community Development Theories

Within the field of community organization/community development, coalitions are often viewed as a vehicle for empowering communities, i.e., making it possible for communities to take their fate into their own hands. This field is strongly value-driven, so that many of its precepts can be seen as prescriptions rather than empirically proven hypotheses. Some of the precepts most relevant to coalitions include:

- Any effort to mobilize action in a community must recognize and build upon existing structures, whether formal or informal, that are viewed as legitimate and credible by the community as a whole or by specific subgroups in the community.
- Localities vary in the extent to which they have a strong sense of community. The pace of coalition development may well be more rapid where this sense of community exists. Where it does not, community development theorists would

argue that coalitions need to enhance the sense of community.

- Communities also vary in the extent to which members are, or perceive themselves to be, enfranchised. Within a given locality, different subgroups may experience very different levels of empowerment. Coalitions need to take into account subgroup sensitivities that are based on a perception of being disenfranchised.
- Efforts at community mobilization through vehicles such as coalitions should provide opportunities, however limited, for community members to feel a sense of efficacy in order to maintain their commitment to what they often perceive as a risky attempt to make change.
- To support empowerment, coalitions should take steps to identify and support indigenous leadership rather than depending on imported professionals.

Small Group Dynamics Theory

Much of the work of coalitions takes place in meetings of small- to medium-sized groups. Within social psychology, the study of small group process and dynamics may be especially relevant to understanding coalitions. Small group research also provides useful tools for the observation and analysis of group process, including behaviors that facilitate or hinder various aspects of group functioning. Small group theory has focused on several issues that are critical for coalitions:

- Coalitions are vehicles for participation. As such, it is important that they offer opportunities for participation to all members, and that participation be appropriately balanced between different members, and between members and staff.
- Agenda-setting is a key task for small groups. This includes the overall purpose of the group as well as the very concrete agenda for each session. Those who control the agenda have substantial influence over decision-making. Agenda control includes both selecting the issues that get placed on the agenda (thus getting attention) and determining how issues are framed.
- Groups vary in the extent to which they are task-oriented and process-oriented. Within groups, some members may be more task-oriented or more process-oriented than others; these variations can lead to tensions and conflicts.
- Another key aspect of small group process is the ability of a group to achieve closure on issues. Coalitions that never achieve closure often become so frustrating that people stop coming; on the other hand, premature closure can leave some people feeling as if they have not been heard.

- Within any small group conflicts will arise. To be effective, coalitions need to expect conflicts and be prepared to manage them rather than avoid or suppress them. Conflict management, conflict resolution, and negotiation are important skills for coalition members and coalition staff.

Much of the training that has been provided to support coalitions has focused on these aspects of small group process.

Within these academic disciplines, the level of systematic empirical research varies considerably. More important, there has been little systematic study of public health coalitions. Yet since early in this century, public health efforts have included community mobilization efforts, such as the National Citizen's Committee on Prevention of Tuberculosis and the national mental hygiene movement of the 1930s.

In the 1960s and 1970s efforts, such as the antipoverty program with its neighborhood health centers, promoted the idea of community participation in the development of service delivery systems. Given their roots in community organization theory, the structures created to promote this participation often brought together indigenous community leadership with helping professionals in project advisory and governing boards. These structures were similar to coalitions, and much can be learned both from their successes and their failures.

In the 1970s and 1980s, community health planning efforts similarly brought together consumers and providers to identify and address priority health problems. Health planners learned much about how to bring together disparate and often conflicting community elements; there are also many lessons in this experience on how to balance the roles of staff and volunteers in community coalitions.

While some of these and more recent programs have been systematically evaluated, coalition issues are not always a focus of the evaluation. Nevertheless, as a result of both historical and recent experiences, skilled practitioners and observers have developed a shared sense of lessons learned. Some of this experience has been documented in reports, resource materials for training, and technical assistance efforts or, occasionally, in published articles. Much may remain a part of elusive organizational or personal memory banks. A systematic effort is needed, however, to pull together available documentation on public health coalitions and to debrief those with important background information.

Selected References

Political Science

Banfield, E.C. *Political Influence*. New York: The Free Press, 1961.

Dahl, R.A. *Who Governs?* New Haven: Yale University Press, 1961.

Duverger, M. *Political Parties*. London: Methuen & Co., 1954.

Olson, M. *The Logic of Collective Action*. Cambridge: Harvard University Press, 1974.

Interorganizational Relations

Frazier, G.L. "Interorganizational Exchange Behavior in Marketing Channels: A Broadened Perspective." *Journal of Marketing*, no. 47 (Fall 1983):68-78.

Galaskiewicz, J. "Interorganizational Relations." *Annual Review of Sociology*; no. 11 (1985): 281-304.

Gray, B. "Conditions Facilitating Interorganizational Collaboration." *Human Relations*, no. 38 (1985): 911-36.

Levine, S., and P. White. "Exchange as a Conceptual Framework for the Study of Interorganizational Relationships." *Administrative Science Quarterly*, vol. 5 (1961): 583-601.

Luke, R.D., J.W. Begun, and D.D. Pointer. "Quasi-Firms: Strategic Interorganizational Forms in the Health Care Industry." *Academy of Management Review*, no. 14 (1989): 9-19.

Oliver, C. "Determinants of Interorganizational Relationship: Integration and Future Directions." *Academy of Management Review*, no. 15 (1990): 241-65.

Sofaer, S., and R. Myrtle. "Interorganizational Theory and Research: Implications for Health Care Management, Policy and Research." *Medical Care Review*, no. 48 (1991): 371-409.

Community Power Structure

Domhoff, G.W. *Who Rules America?* Englewood Cliffs, NJ: Prentice Hall, 1967.

Galaskiewicz, J. *Exchange Networks and Community Politics*. Beverly Hills: Sage Publications, 1979.

Hunter, F. *Community Power Structure*. Chapel Hill: University of North Carolina Press, 1953.

Mills, C.W. *The Power Elite*. New York: Oxford University Press, 1956.

Perruci, R., and M. Pilisuk. "Leaders and Ruling Elites: The Interorganizational Bases of Community Power." *American Sociological Review*, no. 35 (1970): 1040-1057.

Polsby, N.W. *Community Power and Political Theory*. New Haven: Yale University Press, 1963.

Community Development/Community Organization

Alinsky, S.D. *Rules for Radicals*. Vintage, NY: Random House, 1971.

Bracht, N. (Ed). *Health Promotion at the Community Level*. Newbury Park, CA: Sage Publications, 1990.

Brown, E.R. "Community Organization Influence on Local Public Health Care Policy: A General Research Model and Comparative Case Study." *Health Education Quarterly*, no. 10 (1984): 205-233.

Kramer, R.M., and H. Specht (Eds). *Readings in Community Organization Practice*. 3d ed. Englewood Cliffs, NJ: Prentice Hall, 1983.

McMillan, D.W., and D.M. Chavis. "Sense of Community: A Definition and Theory." *Journal of Community Psychology*, no. 14 (1986): 6-23.

Rothman, J. *Planning and Organizing for Social Change*. New York: Columbia University Press, 1974.

Wolff, T. "Coalition Building: One Path to Empowered Communities." Unpublished manuscript. Massachusetts Area Health Education Center. Amherst: University of Massachusetts, 1992.

Small Group Process/Dynamics

Forsyth, D.R. *An Introduction to Group Dynamics*. Monterey, CA: Brooks/Cole, 1983.

Hare, A.P. *A Handbook of Small Group Research*. 2d ed. New York: Free Press, 1976.

Mills, T.M. *The Sociology of Small Groups*. Englewood Cliffs, NJ: Prentice Hall, 1967.

Schein, E.H. "What to Observe in a Group." In *NTL Reading Book for Human Relations Training*. NTL Training Institute, 1982.

Tuckman, D.W., and M.A.C. Jensen. "Stages of Small Group Development Revisited." *Group and Organizational Studies*, no. 2 (1977): 419-427.

Weber, R.C. "The Group: A Cycle from Birth to Death." *In NTL Reading Book for Human Relations Training*. NTL Training Institute, 1982.

This document was prepared for the Centers for Disease Control and Prevention, Office of the Associate Director for HIV/AIDS under Contract Number 200-91-0906 to the Academy for Educational Development, Washington, D.C., in cooperation with The Johns Hopkins University's Center for Communication Programs, Baltimore, MD, and Porter/Novelli, Washington, D.C.

Grateful acknowledgement is made to Shoshanna Sofaer, Ph.D., of George Washington University in Washington, D.C., who conducted background research and developed the original draft on which this document is based.

